



REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

DO NOT SEND CASH

SEE REVERSE FOR INSTRUCTIONS / INFORMATION

CHECK (✓) ONE ONLY:

☐ BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)☐ 3 YEAR DRIVER RECORD: \$5.00 FEE☐ 10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes Only*)☐ CERTIFIED DRIVER RECORD: \$10.00 FEE☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
NAME/COMPANY _____	NAME/COMPANY _____
ADDRESS <i>P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</i> _____	ADDRESS (<i>PO Box not acceptable</i>), need to provide physical location of business/residence _____
CITY _____ STATE _____ ZIP CODE _____	CITY _____ STATE _____ ZIP CODE _____
DAYTIME TELEPHONE NUMBER (REQUIRED) () _____	DAYTIME TELEPHONE NUMBER (REQUIRED) () _____
RELATIONSHIP TO DRIVER (REQUIRED) _____	RELATIONSHIP TO DRIVER (REQUIRED) _____
SIGNATURE <u>X</u> _____ NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE <input type="checkbox"/> B = Driver Release (<i>Driver has given written authorization to obtain his/her record.</i>) <input type="checkbox"/> C = Credit (<i>In connection with a credit transaction involving the driver.</i>) <input type="checkbox"/> E = Employment (<i>To support the hiring or the continuation of employment. Employer must have driver's signed release on file.</i>) <input type="checkbox"/> R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. <input type="checkbox"/> K = Court Order must be attached. (<i>A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.</i>) <input type="checkbox"/> L = Attorney representing driver identified in Section C (<i>Driver has given written authorization to obtain his/her record.</i>)
C DRIVER INFORMATION	
NAME: LAST _____ FIRST _____ INITIAL _____	
ADDRESS _____	
CITY _____	
STATE _____ ZIP CODE _____	
PHONE NUMBER () _____	
DRIVER NUMBER _____	
DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____	
MONTH _____ DAY _____ YEAR _____	
E DRIVER RELEASE	
I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to _____ NAME OF PERSON/COMPANY <u>X</u> _____ SIGNATURE OF DRIVER DATE _____	I hereby Certify that _____ PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. <u>X</u> _____ SIGNATURE OF REQUESTER Title _____
F MICROFILM	
TYPE OF DOCUMENT _____ DATE OF VIOLATION _____	
(see list of available documents below)	
Documents Available: <ul style="list-style-type: none"> • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice 	NOTARIZATION SUBSCRIBED AND SWORN TO BEFORE ME: _____ MONTH _____ DAY _____ YEAR _____ <u>X</u> _____ SIGNATURE OF PERSON ADMINISTERING OATH <div style="border: 1px solid black; padding: 10px; text-align: center;"> S E A L SIGN IN PRESENCE OF NOTARY </div>